



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF WEIGHTS AND MEASURES

APPLICATION FOR LP GAS SYSTEM INSTALLATION

FOR LPG OFFICE USE ONLY

COMPUTER LOCATION NO.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE RETURNED

BUSINESS NAME		BUSINESS NAME	
BUSINESS ADDRESS		MAILING ADDRESS	
CITY/STATE/ZIP	COUNTY	CITY/STATE/ZIP	
TELEPHONE	FAX	E-MAIL	

INSTALLER - STORAGE INFORMATION

INSTALLERS NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP

INSTALLERS MISSOURI LP GAS REGISTRATION NUMBER OR CLASS REGISTRATION:

Site plans of the system installation must be attached in duplicate containing: property lines and distance from adjacent buildings and roadways, size and location of each container or containers on property to be used, distance from containers to buildings on same property, general layout of liquid transfer points, piping, pumps, equipment and fencing, location of streams, sewers or storm drains, location of electrical lines and service poles. All installations shall comply with state, local and NFPA 54 and NFPA 58 requirements. This application must be completed in its entirety before consideration will be granted.

I declare that this application is a true, complete and correct report to the best of my knowledge.

INSTALLER'S SIGNATURE	TELEPHONE NUMBER	DATE
-----------------------	------------------	------

TYPE OF INSTALLATION

<input type="checkbox"/> INDUSTRIAL/AGRICULTURE	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> METERED SALES (MOTOR FUEL/MOTOR HOMES)
<input type="checkbox"/> BULK PLANT	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> CYLINDER FILL (NON-METERED SALES/SALE BY WEIGHT)
<input type="checkbox"/> CAMPS/THEME PARKS	<input type="checkbox"/> NURSING HOME	<input type="checkbox"/> FORKLIFT CYLINDER - COMPANY USE ONLY
<input type="checkbox"/> CYLINDER EXCHANGE CAGE		

PHYSICAL ADDRESS	CITY
------------------	------

COUNTY	DIRECTIONS TO ACTUAL STORAGE SITE
TELEPHONE	
NO. OF STORAGE TANKS	

TANK LOCATION	WATER CAPACITY IN GALLONS	WORKING PRESSURE	TANK MANUFACTURER	CODE DESIGNATION	SERIAL NUMBER	DATE INSTALLED IN MISSOURI	NEW OR USED WHEN INSTALLED

TYPE OF TANK SUPPORT: ☐ CONCRETE ☐ STEEL ☐ OTHER

VAPORIZER TYPE: ☐ NONE ☐ DIRECT FIRED ☐ INDIRECT ☐ ELECTRIC ☐ WATER BATH

VAPORIZER CAPACITY: BTU/HR MANUFACTURER

TYPE OF BLENDER: ☐ VENTURI ☐ MECHANICAL VALVE ☐ OTHER

SYSTEM IS TO BE USED FOR:

Does system capacity equal total connected load? ☐ YES ☐ NO

If no, explain: